

# Program Review Orientation

Program Review Officers:

*Dean Bernadette Muscat, Undergraduate Studies*

*Interim Dean Joy Goto, Division of Research and Graduate Studies*

Program Review Coordinator:

*Celeste De Monte*

# Program Review Website:

[fresnostate.edu/academics/curriculum/prog-review/](https://fresnostate.edu/academics/curriculum/prog-review/)



# Program Review

## Procedures & Guidelines for Review of Academic Programs

[Accredited Programs](#) >

[Non-Accredited Programs](#) >

### Academic Program Review Schedule

College of Arts and Humanities ▾

College of Health and Human Services ▾

College of Science and Mathematics ▾

College of Social Sciences ▾

Jordan College of Agricultural Sciences and Technology ▾

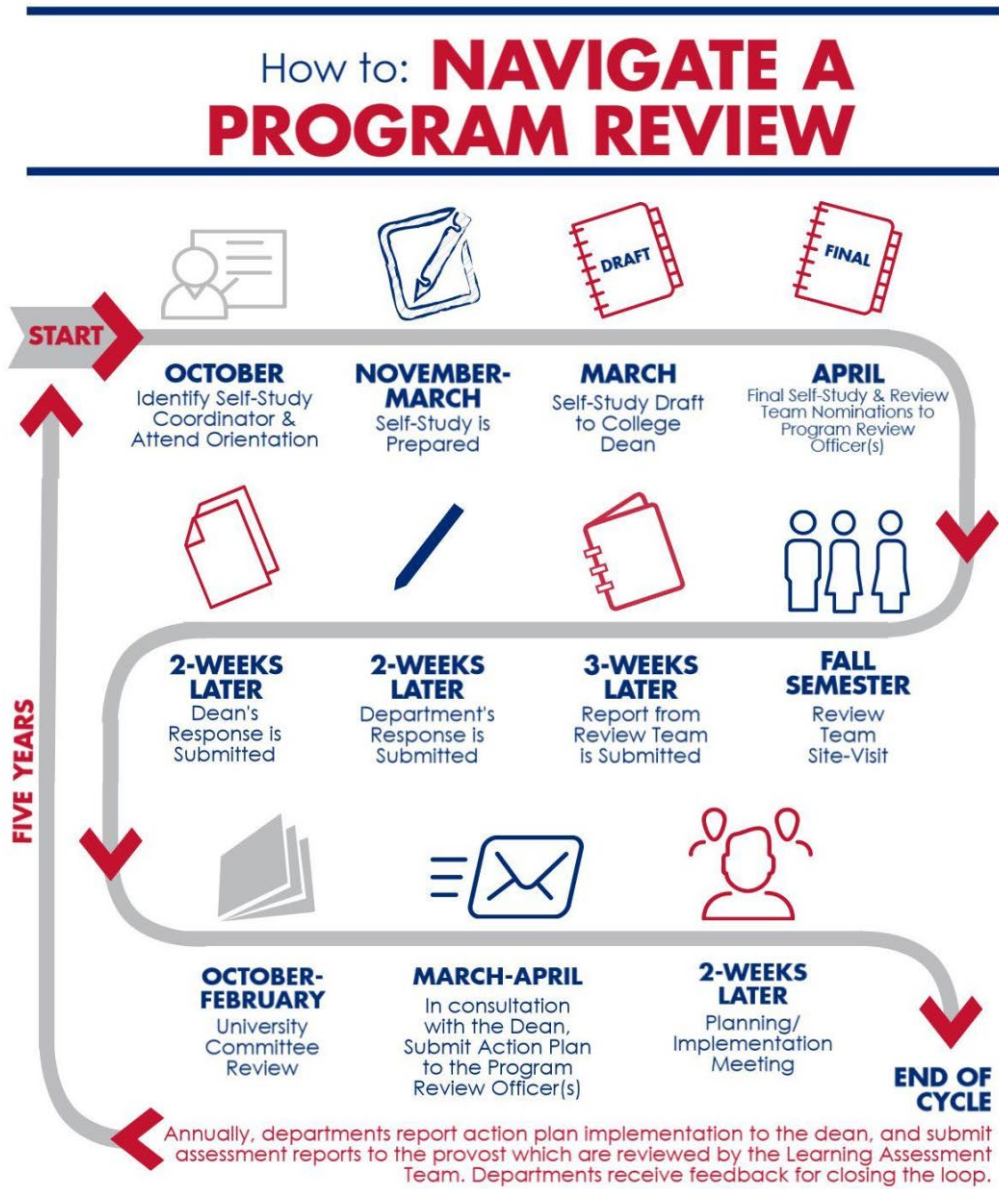
Kremen School of Education and Human Development ▾

Lyles College of Engineering ▾

Sid Craig School of Business ▾

Special and Interdisciplinary Programs ▾

# Program Review Timeline

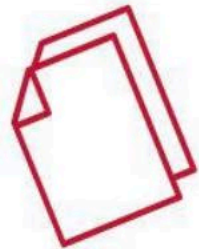


### An Abbreviated Review:

Programs that participate in a national accreditation process may conduct an abbreviated campus program review. The abbreviated review still requires that expectations of APM 220 be met, but in an alternate fashion.



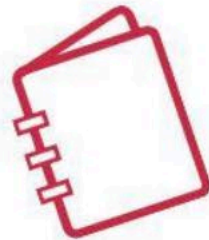
**YEARS**



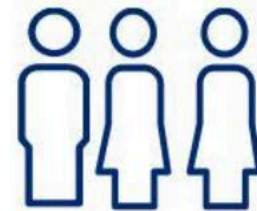
**2-WEEKS  
LATER**  
Dean's  
Response is  
Submitted



**2-WEEKS  
LATER**  
Department's  
Response Is  
Submitted



**3-WEEKS  
LATER**  
Report from  
Review Team  
is Submitted



**FALL  
SEMESTER**  
Review  
Team  
Site-Visit



**FIVE**



**OCTOBER-  
FEBRUARY**

University  
Committee  
Review



**MARCH-APRIL**

In consultation  
with the Dean,  
Submit Action Plan  
to the Program  
Review Officer(s)



**2-WEEKS  
LATER**

Planning/  
Implementation  
Meeting



**END OF  
CYCLE**



Annually, departments report action plan implementation to the dean, and submit assessment reports to the provost which are reviewed by the Learning Assessment Team. Departments receive feedback for closing the loop.

# Elements of the Self-Study

- One self-study for each degree
- Self-study template
- OIE dataset



ENTER DEGREE NAME

(e.g., B.S. in Biology)

## PROGRAM REVIEW SELF-STUDY

DEPARTMENT OF DEPARTMENT NAME

### I. Introduction and Overview of the Program

[VIEW INSTRUCTIONS](#)

C. Enter: Introduction/Overview

### II. Previous Action Plan or Recommendations from Prior Review

[VIEW INSTRUCTIONS](#)

Enter: Previous Action Plan/Recommendation

### III. Departmental Description and Evaluation of the Program

[VIEW INSTRUCTIONS](#)

#### A.] Mission and Goals of the Program

1. Enter: Alignment of the Program and University's Missions and Goals
2. Enter: Alignment of the Program and the College/School Goals
3. Enter: Reflection of Any Recent Changes in the Discipline

#### **B. Effectiveness of the Instructional Program**

1. Enter: Student Learning as Assessed Through the Program's Student Outcomes Assessment Plan (SOAP)
2. Curriculum
  - a. Enter: Structure/Coherence of Instructional Program
  - b. Enter: Subprograms and EO 1071 Compliance (Options, Concentrations, Special Emphasis)
  - c. Enter: Cooperative Efforts with Other Academic Programs – Joint Degrees, Service Courses, General Education Courses
  - d. Enter: Program Faculty
  - e. Enter: Effectiveness of Teaching and Learning

### 3. Enter: Community Interactions (Professional, Disciplinary, Industry/Regional)

#### **C. Recruitment, Retention, Graduation, and Student Services**

1. Enter: Recruitment and Enrollment
2. Enter: Retention and Graduation of Juniors (for undergraduate programs. Analyze and discuss program review data)
3. Enter: Student Services

#### **D. Faculty Effectiveness in Research, Scholarly, and Creative Activities**

1. Enter: Teaching and Advising
2. Enter: Scholarship and Research
3. Enter: University Service
4. Enter: Community Service

#### **E. Resources**

1. Enter: Financial/Budgetary (see your College Budget Analyst)
2. Faculty/Staff
  - a. Enter: Adequacy and Availability
  - b. Enter: Professional Development/Travel Support
3. Enter: Implementation and Currency of Technology
4. Enter: Other

### IV. Plan for the Next Review Period

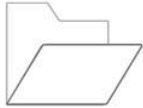



[VIEW INSTRUCTIONS](#)

#### **A. Recommended Changes to Mission and Goals of the Program**

1. Enter Change
2. Enter Change (if necessary)

# OIE Dataset

> [Explore](#) / Program Review

 **Program Review**   


Owner [Matthew Zivot](#)

**New** ▼ **Select All**

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Start Year: 2015, End Year: 2019, College: All, Department: All, Academic Plans: All, Term: Fall

Program Review  
All  
All, MSW  
2015-16 through 2019-20




Applications

Category	Value
New Graduates	2,245
New Transfers	906
	578

**Graduate Programs**  



Start Year: 2016, End Year: 2020, College: All, Department: All, Academic Plans: All

Program Review  
All  
All, BVE  
2016-17 through 2020-21

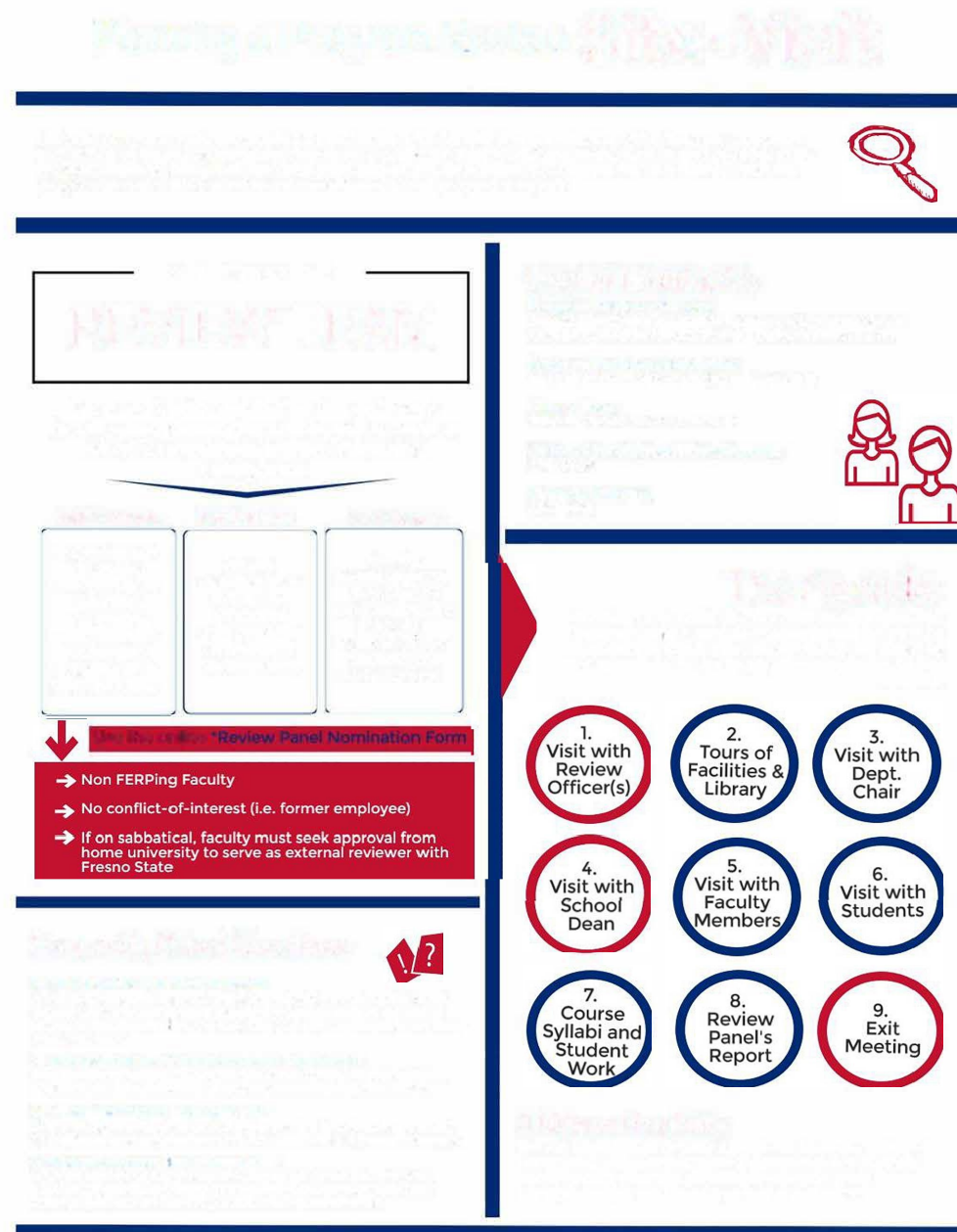


Applications

Category	Value
First-Time Freshmen	15,446
New Transfers	13,917
	3,650
	6,680
	4,968
	2,752

**Undergraduate Programs**  

# Review Team



SELECTING THE

# REVIEW TEAM

In consultation with the department faculty and dean, the chair will submit a list of 3 nominees in the following categories

## Off-Campus

Expert in the discipline under review who has experience with student outcomes assessment in that discipline

## On-Campus

Faculty member from within the school or college of the department under review

## On-Campus

Faculty member from the campus but outside the school or college of the department under review



Use the online [\\*Review Panel Nomination Form](#)

- Non FERPing Faculty
- No conflict-of-interest (i.e. former employee)
- If on sabbatical, faculty must seek approval from home university to serve as external reviewer with Fresno State

# Review Panel Nomination Form (PDF)

## Review Panel Nomination Form

Use this worksheet to confirm your review team members and set site visit date(s) or suggest several potential dates. Please submit the information via email to Program Review Coordinator [celestedemonte@csufresno.com](mailto:celestedemonte@csufresno.com). For assistance or further information, please visit the [Program Review](#) web page. See there the special note regarding FERP, if applicable.

Academic Program(s) being reviewed: \_\_\_\_\_

Your name, title, and email: \_\_\_\_\_

Site Visit date, if known: \_\_\_\_\_

Potential Site Visit Team Members from within the College (listed alphabetically)

Name	Position	Department	Email

Potential Site Visit Team Members from outside the College (listed alphabetically)

*This reviewer must be from Fresno State but cannot be from within the same college as the program undergoing review.*

Name	Position	Department	Email

Potential Site Visit Team Members from outside of California State University, Fresno (listed alphabetically)

Name	Position	Department	Email

# Abbreviated Program Review

Four simple things to do...

1. Prepare **Timelines Prior to External Accreditation Review** as described on the Program Review of Accredited Programs website.
2. **Evidence of National Accreditation.** Typically, this is a letter to the President from the accrediting board.
3. **An up-to-date SOAP** (student outcomes assessment plan) submitted for posting on the OIE website. The SOAP must use the university template.
4. **A five-year analysis of enrollment trends, graduation rates, and achievement gaps** using the OIE program review data set as a reference. The analysis must include action plans to address managing enrollment in light of capacity, increasing graduation rates, and closing achievement gaps.

# Accreditation Review Center

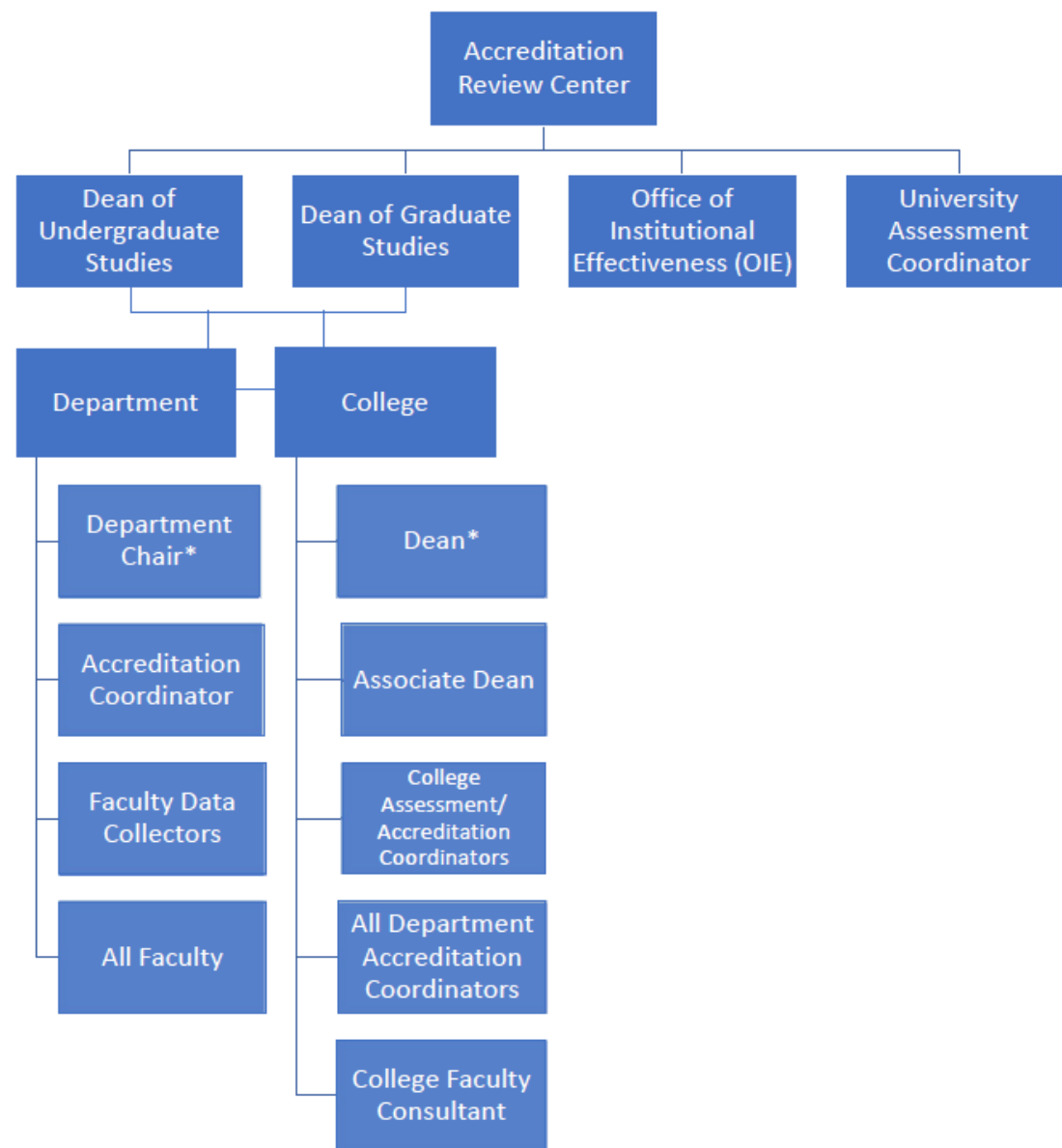
Established 2019



# California State University, Fresno

## Accreditation Process

*Draft: Oct. 25, 2021 Office of Undergraduate Studies*



*\* Final approval (at appropriate level)*

# Meeting Timeline Prior to External Review

## Department

Months	Meeting Schedule
Months 13-24	2/semester
Months 7-12	3/semester
Months 3-6	1/month
Months 1-2	1/month and as needed

## College

Months	Meeting Schedule
Months 13-24	1/semester
Months 7-12	2/semester
Months 3-6	1/month
Months 1-2	As needed

## Internal Accreditation Signature Form

<b>Program</b> <input type="text"/>	<b>Status</b> Review in: <input type="radio"/> draft form <input type="radio"/> final form	<b>Date</b> <input type="text"/>
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Please ensure that all requirements for compliance have been reviewed. All signatures must be obtained before responding to the accrediting body. Your signature on this form signifies that you have read and agree to the contents of the accreditation proposal as submitted.

**Department**

Accreditation Coordinator

Department Chair

**College**

College Assessment Coordinator

Associate Dean

Dean

**Accreditation Review Center**

*NOTE: One or both Dean of Undergraduate/Graduate Studies may be required, depending on the program reviewed.*

Dean of Undergraduate Studies

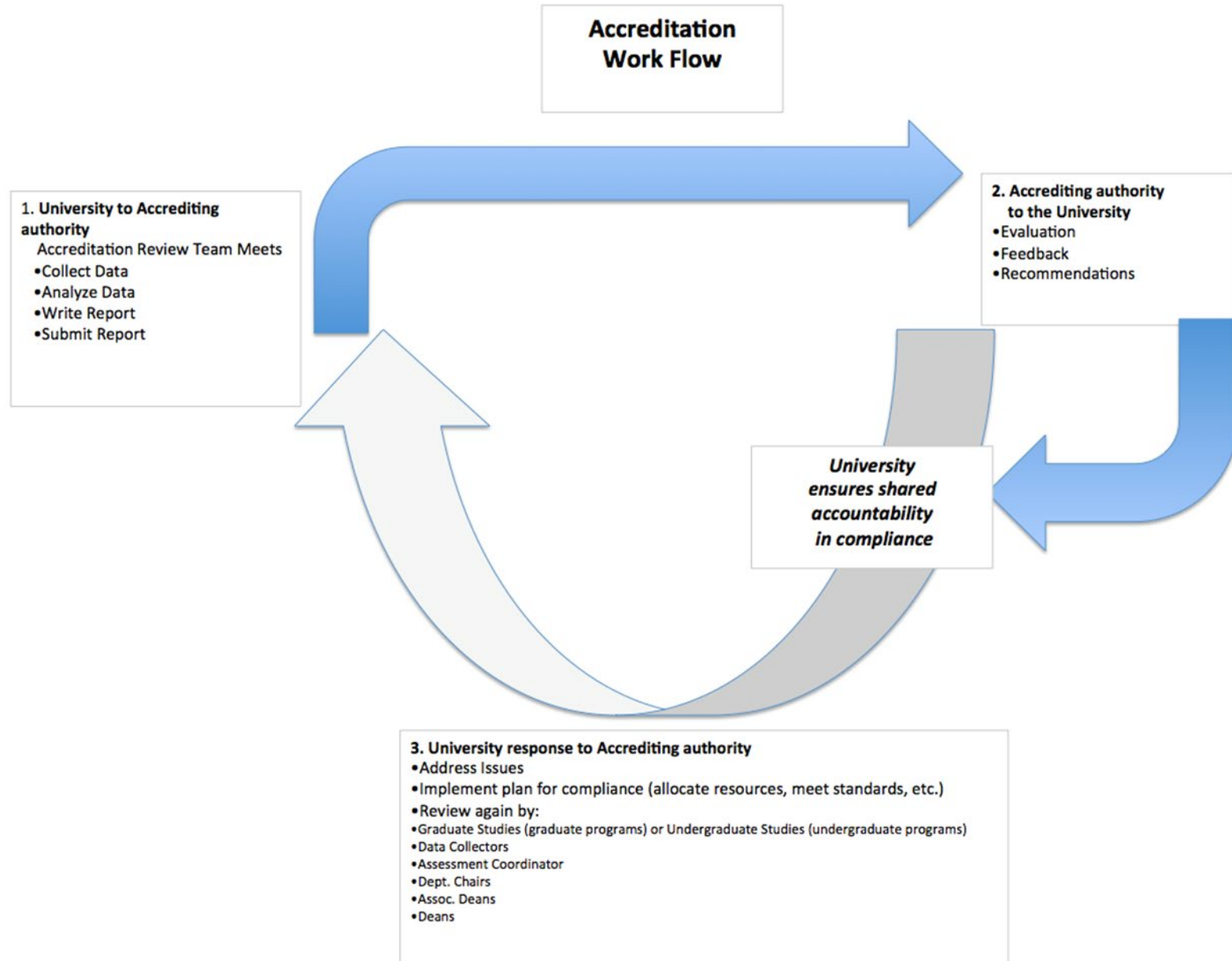
Dean of Graduate Studies

Office of Institutional Effectiveness (OIE)

Assessment Coordinator

# Accreditation Work Flow

Draft: Aug. 19, 2019. Office of Undergraduate Studies.



**Q&A**

Who? Where? How? What? When? Why?

WHAT? WHERE? WHEN? HOW? WHAT? Why? When?

When? WHO? WHERE? WHEN? WHY? When? WHAT?

When? WHERE? WHAT? WHEN? WHAT? WHEN?

When? WHERE? WHAT? WHEN? HOW? WHEN?

Why? HOW? Where? Where? WHERE? When? What? WHEN? HOW? When? WHEN? HOW? WHAT? Why?

When? What? WHERE? When? When? WHEN? HOW? When? WHEN? HOW? WHAT? Why?

Thank You